



Department of Commerce
www.commerce.state.wi.us/sb

COMPLAINT REGISTRATION

Integrated Services Bureau
Inspection and Safety Support Section
P.O. Box 7302
Madison, WI 53707-7302
Fax: (608) 267-9723

Personal information you provide may be used for secondary purposes. [Privacy Law, s.15.04 (l) (m)]

Date Complaint Filed:	S&B Staff Person's Name Who Received Complaint:
Person making the complaint info: Name (please print):	Is confidentiality requested? (within the limits of the state Open Records Laws) <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	
City, State, Zip:	
Telephone Numbers (include area code): Home: () Work: ()	
Person making complaint is: Employee <input type="checkbox"/> Employee Representative <input type="checkbox"/> Other: _____	
RESPONDENT INFO Name (who complaint is registered against):	Site/Project Info Complaint Location (site/project name):
Street Address:	Street Address:
City, State, Zip:	City, State, Zip:
Telephone Number (include area code): ()	
How was complaint filed? In Person <input type="checkbox"/> By Mail <input type="checkbox"/> By E-Mail <input type="checkbox"/> By Fax <input type="checkbox"/>	
TYPE OF COMPLAINT: Amusement Rides <input type="checkbox"/> Blasting <input type="checkbox"/> Boilers/Pressure Vessels <input type="checkbox"/> Commercial Building <input type="checkbox"/> Credentialling <input type="checkbox"/> Electrical <input type="checkbox"/> Elevators <input type="checkbox"/> Erosion Control <input type="checkbox"/> Fire Safety <input type="checkbox"/> Manufactured Homes <input type="checkbox"/> Manuf. Home Parks <input type="checkbox"/> Manufactured Housing Dealer <input type="checkbox"/> Mines/Quarries <input type="checkbox"/> Plumbing <input type="checkbox"/> Pools <input type="checkbox"/> Private Sewage Systems/Holding Tanks <input type="checkbox"/> Public Safety <input type="checkbox"/> Rental Weatherization <input type="checkbox"/> One- and Two-Family Homes <input type="checkbox"/> Ski Lifts/Ski Tows <input type="checkbox"/> Other: _____	

Nature of Complaint: (Attach letter or additional page if necessary).

For Office Use Only

Investigation Transaction Number: _____

Assigned/Referred to and Date Sent: _____

Code Sections Action Taken: (Attach copy of inspection report or orders, if necessary).

Staff Signature: _____ Date Signed: _____